

INCIDENT/INVESTIGATION				REPORT										
Agency Name <i>Homestead Police Department</i>				Case# <b>1408030008</b>										
ORI <b>FL 0130500</b>				Date / Time Reported <b>08/03/2014 04:01 Sun</b>										
Location of Incident <b>45 Nw 4th St, Homestead FL 33030-</b>				Premise Type <b>Medical Facility</b>				Zone/Tract <b>A2</b>						
E N T	#1	Crime Incident(s) <b>Burglary Non-residential</b> <b>BUB</b>				Weapon / Tools <b>NOT APPLICABLE</b>				Activity				
		Entry		Exit		Security								
D A T A	#2	Crime Incident <b>Fd Structure Fire</b> <b>FDA</b>				Weapon / Tools				Activity				
		Entry		Exit		Security								
M O	#3	Crime Incident <b>Theft From Burglary</b> <b>THM</b>				Weapon / Tools				Activity				
		Entry		Exit		Security								
Method Of Entry/No Force, Point Of Entry/Unknown Point, Presence Of Victim/Not on Premises														
# of Victims		I		Type: INDIVIDUAL/ NOT LAW		Injury: No Injuries				Domestic: NO				
V I C T I M	V1	Victim/Business Name (Last, First, Middle) <b>FAGAN, LINDA CHIAPETTA</b>				Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
						<b>1,2</b>	<b>Age 65</b>	<b>W</b>	<b>F</b>	<b>UK</b>	<b>Resident</b>			
		Home Address <b>45 NW 4TH ST, Homestead, FL 33030-</b>										Home Phone		
		Employer Name/Address <b>(PHYSICIAN)</b>										Business Phone <b>305-246-8224</b>	Mobile Phone <b>305-246-8224</b>	
VYR		Make	Model	Style	Color	Lic/Lis			VIN					
CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)														
Type: INDIVIDUAL/ NOT LAW ENFORCEMENT Injury:														
O T H E R S I N V O L E D	OW	Code Name (Last, First, Middle) <b>FAGAN, LINDA CHIAPETTA</b>				Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
						<b>Age 65</b>	<b>W</b>	<b>F</b>	<b>Resident</b>					
		Home Address <b>45 Nw 4th St Homestead, FL 33030</b>										Home Phone		
		Employer Name/Address <b>(PHYSICIAN)</b>										Business Phone <b>305-246-8224</b>	Mobile Phone <b>305-246-8224</b>	
Type: Injury:														
P R O P E R T Y	V2	Code Name (Last, First, Middle)				Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status		
						<b>Age</b>								
		Home Address										Home Phone		
		Employer Name/Address										Business Phone	Mobile Phone	
L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)														
P R O P E R T Y	V3	VI #	Code	Status	Frm/Td	Value	OJ	QTY	Property Description			Make/Model	Serial Number	
		1	32	S		\$1,000.00		1	LAP TOP P/C				SAMSUNG/355e5c-a01	HY2N98FCCC1ZN3
Officer/ID# <b>GUZMAN, E. (0758)</b> Outstanding Stolen Val [Total Stolen]: \$1,000.00 [\$1,000.00]														
Invest ID# <b>RODRIGUEZ, A. (0629)</b> Supervisor <b>OWENS, R. (0617)</b>														
Status	Complainant Signature				Case Status <b>Suspended</b>				Case Disposition:				Page 1	